The STI+ Stigma, Sexuality and Sexual Health (4SH): A Sex-Positive Research Framework for STI Transmission and Health Outcomes

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Background

Globally, stigma is a well-documented disruptor of health-seeking behaviors and access to appropriate care across health conditions seen as deviant from desirable societal standards. A brief review of literature suggests the need for a more explicit focus on sexuality and stigma in sexually transmitted infections (STI) research. While existing stigma frameworks have sought to conceptualize health experiences and outcomes among those living with conditions and illnesses that elicit health-related stigma, there is still a need for a theoretical model to examine sexuality and sexual health of people living with sexually transmitted infections (PLSTI+) and its related

Introduction to stigma, health and sexuality

Stigma

• At the core of stigmatization is the identification of social deviance, or the actions and behaviors that violate formal and informal cultural norms, that determine those that are ineligible for participation in certain aspects of society¹

- As continuous stigmatization is used as a mechanism of exploitation, norm enforcement and disease avoidance by members of the dominant group, this has a persistent impact on health outcomes of stigmatized groups and individuals over time²
- Social exclusion as a result of stigma may have impact on access to education, housing, employment, social support and quality health care, which are known facilitators of greater health outcomes in the general population³
- In the navigating the negative biases and discriminatory attitudes from dominant members of society, some individuals from stigmatized groups cognitively or emotionally internalize assumptions and stereotypes about their condition and believe those stereotypes about themselves⁴
- This internalization of stigma has been linked to declines in selfreported physical health and function as well as greater physical pain within a three-year period⁵

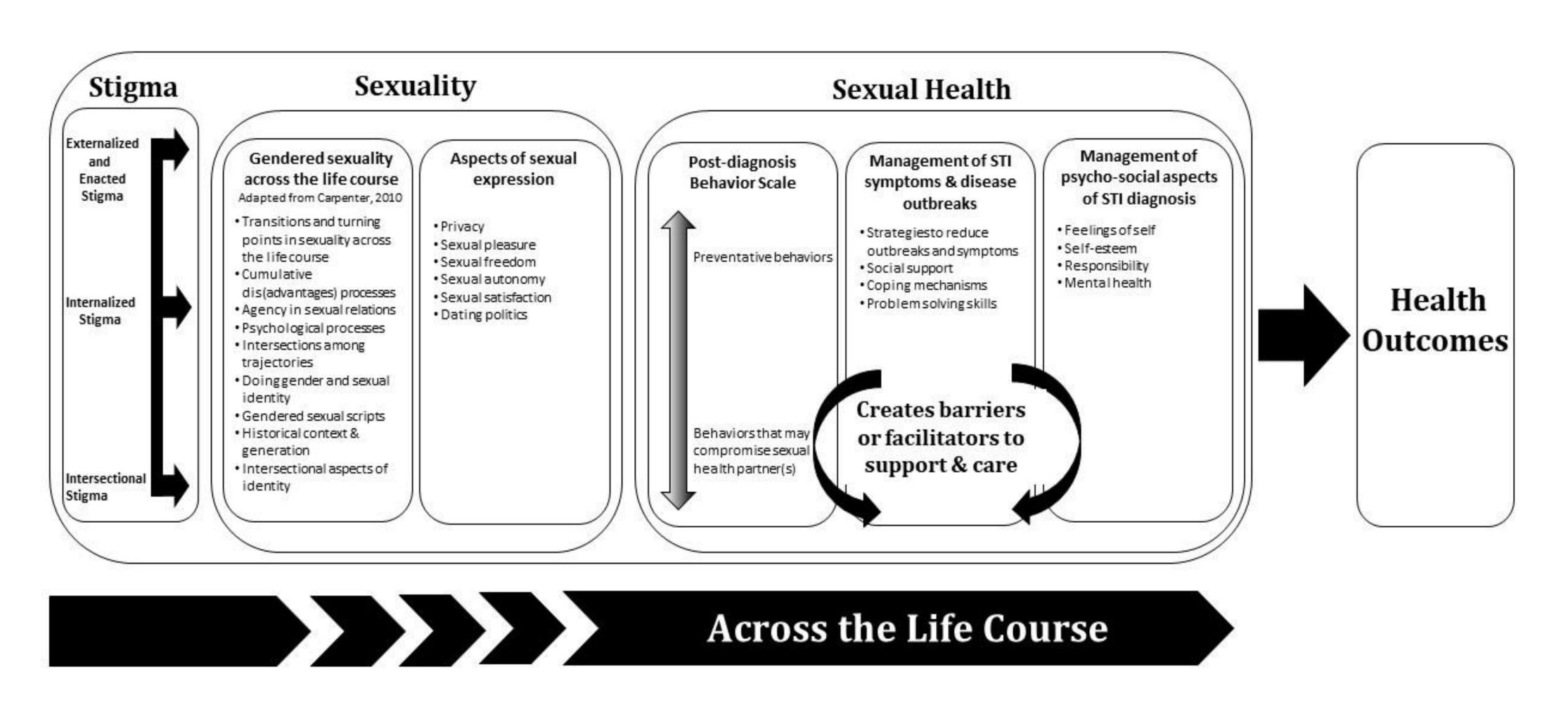
Sexuality

- In the United States and other Westernized societies, sex has historically been a topic categorized as taboo, inappropriate and shrouded in secrecy⁶
- It is clear why those that express their sexuality in socially deviant ways are met with stigma as a mechanism to restrict, or at least, conceal them from other members of society
- This framework posits that STIs are the embodiment of sexually deviant behavior, as they exist as a physical and social marker of sexual activity

Theoretical Perspectives

The STI+ Stigma, Sexuality and Sexual Health (4SH) model proposed in Figure 1 is a cross-cutting framework with analysis of the role of stigma in the formation of intra- and inter-personal sexual beliefs, behaviors, attitudes and practices among PLSTI+ based on theory, research and practice. 4SH identifies stigma, sexuality and sexual health as interrelated domains to explore STI transmission and health outcomes among PLSTI+.

Figure 1. The STI+ Stigma, Sexuality and Sexual Health (4SH) Model



This framework considers the role of externalized, internalized and intersectional stigma across the life course.

- School-based sexual health in Western contexts utilize repetitive messaging that STIs can and should be avoided through abstinence and methods of protection during sexual acts thereby conceptualizing STIs as preventable consequences of immoral behavior
- Externalize stigma messaging from traditional, mass and social media has traditional framed PLSTI+ negatively ranging from immoral and flawed, unhygienic and dirty or an object to be feared and isolated
- Internalized stigma borne from repetitive external messages may have a profound impact on the sexual health of the PLSTI+ and the sexual health of their partners
- Intersectional stigma particularly for PLSTI+ from racial minorities in Western settings, low socioeconomic status, women, LGBTQ+, sex workers and people who inject

As we move through adolescence and early adulthood, these developmental understandings of our own sexuality from relational and societal messaging and experiences begin to form through our own sexual experiences and behaviors. 4SH framework utilizes an adapted gendered sexuality across the life course model⁷ and other aspects of sexual expression to conceptualize sexuality.

- As health after the point of STI diagnosis is of particular importance, there should be an emphasis on transitions and turning points to understand the process of sexuality among PLSTI+
- The role of *cumulative processes and experiences* before and after diagnosis that can impact the sexuality and sexual functions of PLSTI+ over time
- There is a need for more validated measures of sexual freedom, autonomy and dating politics in research among PLSTI+ to understand how sexual satisfaction and pleasure is defined by PLSTI+

To conceptualize sexual health for PLSTI+, we will consider a sex-positive approach to sexual health that encompasses the practices, attitudes and behaviors of PLSTI+ in three domains:

- post-diagnosis behaviors scale, as a spectrum of sexual, intrapersonal and physical behaviors ranging from those that may serve as preventative actions to reduce the risk of STI transmission to sex partner(s) to actions that may compromise the sexual health of their partner(s).
- management of STI symptoms and disease outbreaks
- management of psycho-social aspects of living with a STI+ diagnosis and feelings of self

Significance to the Field

While this framework can be utilized for all STIs in a variety of settings, the most useful application is for viral infections that are not medically curable that have some component of social stigma attached:

- herpes simplex virus (HSV)
- human papillomavirus (HPV)
- human immunodeficiency syndrome/ acquired immunodeficiency syndrome (HIV/AIDS)
- hepatitis C virus (HCV)

Research and interventions grounded by a common framework emphasizing a sex-positive approach to STIs will amplify the experiences of PLSTI+ in research and policy settings, and enhance our ability to respond to the needs of this population. Overall, we suggest a shift from the traditional biomedical approach to the consideration of STI transmission with a broader view that incorporates individual & community sexuality and the role that stigma plays in its evolution across the life course. The objective of this framework is to help shift the praxis of STI research to recognize the importance of sexuality and stigma among PLSTI+ in the knowledge generation process.

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Details



